

**PLEASE SUBMIT ONLY ONE SURVEY PER HOUSEHOLD**

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**1999 LOS ALAMOS COUNTY CHILDCARE NEEDS ASSESSMENT SURVEY**  
(Revised on July 29, 1999)

The Los Alamos National Laboratory (LANL) seeks from its employees and the community workforce input on childcare needs. Results of the survey will be used in developing a comprehensive strategy to address the availability of childcare in Los Alamos County.

Although the survey focuses on care for children under school age, we also need responses from employees who are currently not parenting children of this age, but may be affected by childcare arrangement difficulties. Your narrative comments are strongly encouraged. Every effort has been made to protect confidentiality of your responses.

If you have questions regarding this survey or the Childcare Initiative feel free to contact us at (505) 665-4113 or [lanlchild@lanl.gov](mailto:lanlchild@lanl.gov).

Thank you for taking time to share your experiences.

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I have checked with my spouse/partner and confirmed that I am the designated respondent for my household.

Yes \_\_\_\_\_

No \_\_\_\_\_

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1. Which employer category best describes where you work?

	Respondent	Spouse/Partner
A. LANL UC	_____	_____
B. LANL Contractor/Subcontractor	_____	_____
C. Los Alamos County Government	_____	_____
D. Local branch of State or National Gov.	_____	_____
E. Los Alamos Public Schools	_____	_____
F. Los Alamos Medical Center	_____	_____
G. University of New Mexico at Los Alamos	_____	_____
H. Not-for-profit agency	_____	_____
I. Small business/Self-employed	_____	_____
J. Large business	_____	_____
K. Do not work outside home	_____	_____
L. Other	_____	_____

2. In which geographical area do you reside?

A. Los Alamos  
B. White Rock  
C. Santa Fe  
D. Rio Arriba  
E. Pojoaque Valley  
F. Jemez  
G. Other (Please list) \_\_\_\_\_

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3. Do you believe LANL should be involved in addressing childcare needs?

A. Yes  
B. No

Please explain. \_\_\_\_\_

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4. Do your own or your co-workers difficulties with child-care arrangements ever affect your productivity at work?

A. Yes  
B. No

If yes, please explain. \_\_\_\_\_

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5. Do you have or are you expecting children?

A. Yes  
B. No

If no, please proceed to Question 22.

6. Have difficulties with childcare arrangements affected your/your partner's decision to return to work after your child was born?

A. Yes  
B. No

If yes, please explain. \_\_\_\_\_

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7. Are you currently looking for childcare?

A. Yes  
B. No

8. If you are parenting children under the age of 6, please indicate the number in each category.

A. Infants (birth to 12 months) \_\_\_\_\_  
B. Toddlers (12-35 months) \_\_\_\_\_  
C. Preschoolers (3-5 years) \_\_\_\_\_

9. In what geographical area is/are your child(ren) currently receiving care? What geographical area would you prefer that your child(ren) receive care? Choose all that apply by indicating number of children in each current and preferred location.

	<b>Current</b> (number of children)	<b>Preferred</b> (number of children)
A. Los Alamos	_____	_____
B. White Rock	_____	_____
C. Santa Fe	_____	_____
D. Rio Arriba	_____	_____
E. Pojoaque Valley	_____	_____
F. Jemez	_____	_____
G. Other (Please list) _____	_____	_____

10. What percentage of your total gross household income goes towards childcare? \_\_\_\_\_ %

11. How did you learn about your current childcare arrangement/s?

\_\_\_\_\_  
\_\_\_\_\_

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12. What primary barriers have you encountered in trying to successfully meet your childcare needs? (Circle all that apply.)
- A. I have encountered no barriers
  - B. High cost
  - C. Long waiting lists
  - D. Insufficient training of providers
  - E. Childcare facilities not conveniently located
  - F. Hours incompatible with my work schedule
  - G. Other (Please specify) \_\_\_\_\_

13. At the time you last needed to place a child in care, which of the following best describes your experience obtaining placement?
- A. I was able to secure placement for my child when I needed it.
  - B. I was on a waiting list for a month or less.
  - C. I was on a waiting list for one to three months.
  - D. I was on a waiting list for three to six months.
  - E. I was on a waiting list six months to one year.
  - F. I was on a waiting list for more than a year. [How long?] \_\_\_\_\_

14. If you were on a waiting list, how many waiting lists were you on? \_\_\_\_\_

15. When you found care, did you remove your name from these lists?
- A. Yes
  - B. No If not, why not? \_\_\_\_\_

16. Describe your current childcare situation. Please list the number of children for each group. If these needs are met, how are they being met? [A = **care by spouse of family member**, B = **Family care** (small group care in provider's home), C = **provider comes to my home**, D = **Licensed childcare center**, E = **not able to find care**] For example, if a child receives multiple types of care, you may list the child multiple times: 32 hours of A and 8 hours of C.

	# of children	Type of care (A, B, C, D, or E)	# of hours per work week per child
Infant (birth to 12 months)	_____	_____	_____
Toddler (12-35 months)	_____	_____	_____
Preschool age (3-5 years)	_____	_____	_____
Preschool Classes Only	_____	_____	_____
Summer Care	_____	_____	_____
Drop-in (Occasional Care)	_____	_____	_____
Evening Care	_____	_____	_____
Weekend Care	_____	_____	_____

17. Which category/ies best describe the childcare setting you **currently** use for your child(ren)? (Check all that apply.)

	Infant (birth to 12 months)	Toddler (12-35 months)	Preschooler ( 3-5 years)
A. Care by my partner/self	_____	_____	_____
B. Care by a family member	_____	_____	_____
C. Family childcare (small group care in the provider's home)	_____	_____	_____
D. Care by a provider who comes to my home	_____	_____	_____
E. Childcare Center	_____	_____	_____
F. Other _____	_____	_____	_____

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18. What childcare scheduling do you **currently** use while at work? (Check all that apply.)

	Infant (birth to 12 months)	Toddler (12-35 months)	Preschooler (3-5 years)
A. Preschool classes only	_____	_____	_____
B. Full-time	_____	_____	_____
C. Regular part-time	_____	_____	_____
D. Drop-in/occasional use	_____	_____	_____
E. Evening care	_____	_____	_____
F. Weekend care	_____	_____	_____
G. Other	_____	_____	_____

19. What type of care setting would you **prefer** for your child(ren)? (Check all that apply.)

	Infant	Toddler	Preschooler
A. Care by my partner/self	_____	_____	_____
B. Care by a family member	_____	_____	_____
C. Family child care (small group care in the provider's home)	_____	_____	_____
D. Provider who cares for my child in my home	_____	_____	_____
E. Childcare Center	_____	_____	_____
F. Other _____	_____	_____	_____

20. What do you **currently** do when your child(ren) is/are mildly ill? (Check all that apply.)

- A. Care by my partner/self at home
- B. Care by a family member
- C. Family childcare (small group care in the provider's home)
- D. Provider who cares for my child in my home
- E. I bring the child(ren) to my workplace
- F. Other \_\_\_\_\_

21. What services would you **prefer** to have available for your mildly ill child(ren)? Please rank order from 1 – 4 (with 1 being the most preferred option).

- A. Stay home \_\_\_\_\_
- B. Trained provider at your home \_\_\_\_\_
- C. Friend or family \_\_\_\_\_
- D. Appropriate facility for mildly ill children \_\_\_\_\_

22. Do you anticipate having children in the next couple of years?

- A. Yes
- B. No

If no, unless you have other children under age six, please proceed to Question 28.

23. On the scale of 1 – 5, please rate your level of satisfaction with your current childcare arrangements. (5=very satisfied; 4=satisfied; 3=neutral; 2=dissatisfied; and 1=very dissatisfied):

	Infant	Toddler	Preschooler
A. Childcare hours compatible with work hours	_____	_____	_____
B. Cost comparable to the amount I am able to pay	_____	_____	_____
C. Health and safety practices	_____	_____	_____
D. Quality of childcare staff	_____	_____	_____
E. Location of childcare service	_____	_____	_____
F. Physical environment	_____	_____	_____
G. Age-appropriate learning activities	_____	_____	_____
H. Responsiveness to needs of working parents	_____	_____	_____
I. Other: _____	_____	_____	_____

## 5

- 1            2            3            4            5            6            or            NA

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- A. Safety \_\_\_\_\_
- B. Educational program \_\_\_\_\_
- C. Recreational opportunities \_\_\_\_\_
- D. Trained providers \_\_\_\_\_
- E. Child-friendly physical facility \_\_\_\_\_
- F. Adult/child ratio \_\_\_\_\_
- G. Location \_\_\_\_\_
- H. Other \_\_\_\_\_

- A. Before 7 am weekdays \_\_\_\_\_
- B. After 6 pm weekdays \_\_\_\_\_
- C. Saturdays \_\_\_\_\_
- D. Sundays \_\_\_\_\_
- E. Emergency use as needed \_\_\_\_\_
- F. Modified work week \_\_\_\_\_
- G. Other (please list) \_\_\_\_\_

- [illegible]

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-----Fold here first !-----

Place stamp  
here

E.g. KAREN EDWARDS  
LOS ALAMOS NATIONAL LABORATORY  
MAIL STOP \_ \_ \_ \_  
LOS ALAMOS, NM 87544

-----Fold here !-----

**PLEASE, TAPE OR STAPLE HERE**